

GEORGIA BOARD OF DENTISTRY

Adopted Board Policies

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Any updates to the manual will reflect the date approved by the Board.

Please note that policy statements issued by the Board are subject to change and require no prior notice from the Board. You may contact the Board office to confirm that the information in this publication is still current.

Acupuncture for Treatment

Because acupuncture is not a specialty recognized by the Georgia Board of Dentistry or the American Dental Association, there are no licensing procedures or guidelines regarding its use which can be found in the Georgia Dental Practice Act. Consequently, the Georgia Board of Dentistry can neither endorse nor encourage the use of this technique in the practice of dentistry at this time. (adopted 2/11/00)

Appliances Used For Weight Loss

The impression, construction, insertion (delivery) of the appliance and the maintenance of the oral health related to the appliance is within the scope of practice of dentistry pursuant to O.C.G.A. Title 43 Chapter 11. The diagnosis, evaluation and continued evaluation of the patient's suitability for the appliance is not within the scope of practice pursuant to O.C.G.A. Title 43 Chapter 11.

Therefore, only under the orders of a physician can a dentist fabricate this appliance for the designated patient and conduct only those tasks allowed pursuant to O.C.G.A. Title 43 Chapter 11.
(adopted 10/8/04)

Applications for Licensure

Expiration of incomplete applications:

- Incomplete applications are maintained in the Board office for a period of one (1) year. After such time, the application is rendered void and the applicant must reapply and pay all required fees.
(adopted 1/10/03)

Approval of Licensure by Executive Director:

- The Georgia Board of Dentistry established the requirement that all licensure applications with "non-standard" or unusual applicant responses must be presented to the Board for approval.
(adopted 1/12/01)

Administratively Processed Applications with report of DUI

Applications received that report only one (1) DUI within the last three (3) years, and verified by a GCIC report that this is the only criminal activity (GCIC to be run by Enforcement), can be approved administratively. The administrative processing of these licenses means that the Board staff has reviewed the documents and approved licensure based upon the laws, rules and board policies that pertain to that specific type of licensure. These administratively issued licenses will be considered for a vote to ratify at the next regularly scheduled board meeting.
(adopted 6/18/04)

Complaints Alleging Unlicensed Practice

All complaints that allege unlicensed practice can be automatically referred without cognizant review to Enforcement to serve a Cease & Desist Order. (adopted 9/9/05)

Release of Confidential Information

All requests from other state agencies or licensing boards for the release of investigative or confidential application materials will be approved without the necessity of a prior Board vote. (adopted 3/9/01)

Continuing Education Audits for License Renewal

There shall be an automatic audit of CE compliance for those licensees who fail to respond to the CE question on the renewal application. Such licensees shall be required to provide official documentation of CE hours obtained for that renewal period.

Consent Order sanctions will be differentiated based upon whether a licensee failed to respond to the CE question pursuant to an audit and is subsequently found to be in non-compliance versus whether the licensee responds that he or she has obtained the requisite CE and is unable to provide official documentation to substantiate compliance.

Pursuant to Rule 150-3-.09 and Rule 150-5-.02, official documentation is defined as documentation from an approved provider that verifies a licensee's attendance, course content, hours earned, and date and times that a course is given. Checks for payment, hotel reservations, or copies of a course syllabus shall not serve as official documentation.

(adopted 5/12/00)

CE Audit Guidelines:

The following procedures/guidelines will apply when auditing licensees for compliance with continuing education requirements pursuant to a renewal cycle:

- 1) Licensees who are not in compliance with c.e. requirements will be notified in writing of the deficiency and will not be renewed until they have obtained and submitted documentation of having obtained the requisite continuing education hours. The licensee's renewal form and renewal fee will be returned along with the deficiency notification letter. If the licensee is unable to document c.e. compliance prior to the December 31st deadline but is able to do so prior to July 1st, his/her license will be renewed upon receipt of such documentation and payment of the late renewal fee.

- 2) Any licensee who does not respond to the audit notice or to a deficiency notice will revert to “lapsed” status on July 1st and must undergo the reinstatement application process.
- 3) A report of licensees deemed in compliance and those deemed noncompliant will be presented by the CE Audit Committee to the full Board at the next regularly scheduled board meeting(s) following a review of audit materials.

(adopted 11/2/01)

Dental Hygienists

Approved Modalities for Dental Hygienists:

Use of the following therapies and their placement by trained dental hygienists are approved:

- 1) Flourides, including but not limited to: stannous, neutral sodium, acidulated phosphate
- 2) Chlorhexidene gluconate solutions, including but not limited to: Peridex, Perioguard
- 3) Chlorhexidene gluconated chip, including but not limited to: Perio-Chip
- 4) Resorbable doxycycline hyclate, including but not limited to: Atridox
- 5) Resorbable minocycline hydrochloride, including but not limited to: Arestin

This list will be continually visited and updated, and it will be the responsibility of the licensed dental hygienist to ensure that he/she is practicing within the law. **This list is not to be construed as an endorsement of any specific product by the Georgia Board of Dentistry.**

(adopted 8/9/02)

Dental Screenings By Dental Hygienists:

- Definition of the term “Other Health Fair Settings” – healthcare settings where other healthcare disciplines are represented as part of the overall screening. Approval by the Georgia Board of Dentistry will not be granted under the provisions of Code Section §43-11-74(e) for the performance of dental screenings in settings where other healthcare disciplines are not represented.
- Administrative staff (Executive Director/Applications Specialist) is authorized to approve routine applications on behalf of the Board. Ratification of such approvals from the full Board will occur at the next regularly scheduled board meeting.
- Applications of “other health fair settings” shall be submitted to the Board office for approval at least ten (10) days prior to the scheduled health fair date.

(adopted 10/4/01)

Dental Hygienists Sanctioned by the Board

If a dental hygienist is sanctioned by the Board, a letter of concern will be sent to the dentist for whom they work surrounding the same issue for which the hygienist is sanctioned. (adopted by the Board 6/18/04)

Denturism

The Georgia Board of Dentistry strongly feels that any move to legalize and/or license individuals engaged in the practice of denturism would adversely affect the oral health of Georgia citizens. In carrying out its licensure and regulation responsibilities for the protection of the public, each year the Board must initiate investigations into citizen complaints of unlicensed practice by individuals who are unqualified and untrained. Any effort to legitimize the practice of denturism would result in an increased number of complaints, misleading and deceptive misrepresentations to the public, and a decrease in the quality of health care in Georgia. During the period of 1998 to the present, the Board has had to initiate twenty-one separate investigations into allegations of unlicensed practice of dentistry. These investigations reveal that patients are often times deceived by these technicians who hold themselves out to the public as dentists, but do not have the extensive educational training needed to properly address the full range of patient oral health care needs. Specifically, in recent years the Board has seen cases where patients under the care of such individuals have been harmed when serious oral maladies and conditions went undetected and ultimately resulted in the need for radical and deforming surgery. Likewise, in an era where the spread of infectious diseases is of great public concern, a large number of Board investigations related to unlicensed practice activity have shown that patient health, safety, and welfare, is severely compromised due to a common failure by such individuals to adhere to proper infection control guidelines and procedures. Conversely, all dentists are required by law to adhere to CDC infection control standards and have received extensive training in this area to prevent the transmission of infectious diseases such as HIV and Hepatitis B during dental procedures. Although rising concerns with the cost of dental care is an issue of many citizens, the complaints received by the Board office and those which have received local media attention, clearly indicate that Georgia citizens do not want quality of care compromised for the sake of cost. The Board trusts that the interests of the citizens of this state will rise above the economic concerns of a small group of individuals and defeat any efforts to legalize the unqualified, untrained, and unlicensed practice of dentistry.

(adopted 4/27/01)

Examinations Accepted by Board

At the September 9, 2005 meeting, the Board approved the following policy:

- In determining whether an applicant has met the requirements for licensure, the board will only consider examination results from the Southern Regional Testing Agency (SRTA) that were attained between February 22, 1993 and December 31, 2005 or results from any testing agency including SRTA designated and approved by the board by policy. SRTA retake examination results will be accepted until December 31, 2006. Results from the clinical examination given by the Georgia Board of Dentistry prior to February 22, 1993 are accepted. In addition to the successful completion of any clinical examination currently approved and accepted by the Board it accepts for the clinical examination requirement for dental/dental hygiene in Georgia, the successful completion with a score of 75 or greater on all sections of the clinical ADEX examination, given by any state or regional testing agency.

General Anesthesia/Conscious Sedation

Sites:

Each site where Conscious Sedation/General Anesthesia is administered must maintain its own stationary stand-alone equipment and medication. Conscious Sedation/General Anesthesia applicants must submit statements with their application materials requiring them to notify the Board of any site or technique changes or additions. (adopted 5/12/00)

Permits to Licensed Physicians:

The Georgia Board of Dentistry may only issue a permit to a dentist who has met the requirement set forth in accordance with O.C.G.A. §43-11-21 and O.C.G.A. §43-11-21.1; consequently, it is not within the purview of the Georgia Board of Dentistry to issue a CS/GA permit to any individual practicing dentistry under his or her medical license. (adopted 7/21/00)

Investigative Cases/Referral to Consultant

At the July 15, 2005 meeting the Board voted to approve the following as policy:

When a complaint is received by the staff alleging over-diagnosis/treatment planning pertaining to scaling, root planing and/or full mouth debridement, the staff will contact a consultant and refer the patient and records to a consultant for an evaluation. Once the consultant's report is received, it will be provided to the members of the Investigative Committee.

Licensure Overview Committee Appointments

Failure to show for an appointment scheduled with the Licensure Overview Committee will result in the individual not being allowed to reschedule the appointment for one year from the date of the missed appointment.
(adopted 3/11/05)

Periodontal Parameters of Care

At the July 15, 2005 meeting the Board voted to adopt the following as policy:

- As stated in a memo dated 3/31/01 from the Georgia Society of Periodontists: Following phase one treatment variously known as initial therapy, non-surgical therapy, scaling and root planning, etc., patients should be comprehensively re-examined and reevaluated, and the results recorded and documented. Following such reevaluation, surgical resective or regenerative therapy or extraction to eliminate periodontal infection should be considered and implemented if indicated, if one or more of the following conditions are identified:
 - 1) Infected persistent pockets, manifested by bleeding on probing and/or suppuration, and/or redness, and/or swelling
 - 2) Non-maintainable deeper periodontal pockets exceeding 5 millimeters in depth
 - 3) Residual radiographic calculus
 - 4) Angular or horizontal bony defects identified radiographically
 - 5) Furcation defects identified radiographically
 - 6) Tooth mobility.

Practice Management

Paperless Patient Records:

- Practice Management Computer Software for creating and storing patient records:
 - Dentists utilizing such technology must be able to produce a diagnostic quality image and in response to a request for records, must also certify under oath that the records and the image(s) have not been altered.

(adopted 11/8/02)

Reinstatement Policy

For licensees whose licenses expired at the most recent renewal deadline.

The Reinstatement Application is available on the board's web site at www.sos.state.ga.us/plb/dentistry. Fees - \$750 Dentist/\$350 Hygienist

Once the applicant has submitted the completed reinstatement application and the supporting documents the board staff will review and issue the reinstatement for all individuals with a "clean" application. "Clean" applications will be reinstated within 10 working days from receipt. A list of the reinstated licensees will be presented to the board for ratification at the next board meeting. The supporting documents required with the reinstatement application include:

- Dentist - CE totaling 40 hours within the last two years;
- Hygienist - CE totaling 22 hours within the last two years;
 - The CE hours used for reinstatement cannot be used to meet the CE requirement for the biennium for which the license is reinstated;
- Copy current CPR card;
- Verification of licensure from all states in which they hold a license;
- Jurisprudence;
- NPDB Report;
- Resume/CV;
- Four references;
- Completed malpractice questionnaire

For any reinstatement application citing problems, (not having CE during last biennial renewal period, convictions, disciplinary action in other states, impairment, etc.) the licensee will be scheduled to a meeting with the Licensure Overview Committee.

For licensees that state that they **have not been practicing** without a license since the date that the license lapsed are reinstated without a consent order.

For licensees that state that they **have been practicing** without a license since the date that the license lapsed are reinstated and the matter is referred to Legal Services to send a public consent order citing the dates of the unlicensed practice with a \$1,000 fine to be paid within 120 days of the effective date of the order, 3 years probation, completion the Law Ethics and Professionalism (LEAP) course within one year of the effective date of the order, 5 hours CE in Risk Management within one year of the effective date. A letter of concern is to be mailed to all employers of hygienist with a lapsed license concerning aiding and abetting unlicensed practice. The option of a private consent order with a reprimand is available if the public order is not signed. If neither order is signed, the matter is referred to the AG's office and moves to a hearing.

The board also allows reinstatement consent orders that have been signed by the licensee and returned to the board office to be accepted upon receipt, with the Executive Director signing for the Board President.

If reinstatement is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when the license is reinstated.

The implications of a licensee practicing without a license are far-reaching. Employees/associates working with an unlicensed person could be subject to disciplinary action for aiding & abetting unlicensed practice; Medicaid & Medicare charges during the unlicensed period may be subject to denial or reimbursement; malpractice providers may not cover the individual during the unlicensed period.

All other reinstatement applications must be reviewed and approved by the Board.

(updated 3/11/05)